

# REGISTRATION FORM

## 2003 Workforce Planning and Development Conference

*"Growing Tomorrow's Leaders In Today's Workforce"*

**December 4, 2003**

### Registration Fees:

- ☐ **Georgia State Government** .....\$125  
(Event #000-27057)
- ☐ **Other Government Entities** (other states, federal, county, city, local) .....\$150  
(Event #000-27057-2)
- ☐ **Non-Government** .....\$225  
(Event #000-27057-1)

**Register By  
November 14, 2003!**

Name (Please Print) \_\_\_\_\_ Employee ID No. or Social Security No. \_\_\_\_\_

Department \_\_\_\_\_ Your Position Title \_\_\_\_\_

Department ID No. from PeopleSoft \_\_\_\_\_

Work Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Indicate any disability accommodation needs \_\_\_\_\_

### Method of Payment (Please mail a copy of the registration form with payment.)

☐ Check made payable to: Georgia Merit System (Checks should include: Participant's Name, Course Name, Course Date, and Participant's Customer Number)

☐ Dept. Check ☐ Money Order ☐ Bill Us: P.O. Number \_\_\_\_\_

\*Authorizing Signature \_\_\_\_\_

\*Signature commits agency to payment for training. Registration is not complete without signature.

☐ State Purchasing Card (VISA) ☐ Master Card ☐ VISA

Cardholder's Name \_\_\_\_\_ Card/Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ \*Cardholder's Signature \_\_\_\_\_

\*Signature commits agency to payment for training. Registration is not complete without signature.

Please return the registration form to: **Georgia Merit System**  
**Training and Organization Development Division**  
529A Church Street, Decatur, GA 30030  
Phone: 404-371-7371 Fax: 404-371-7388

### For Training Division Use Only

☐ Your Registration is Confirmed ☐ Your Registration has been placed on a Waiting List